



STATE OF CONNECTICUT
DEPARTMENT OF AGRICULTURE
Bureau of Aquaculture and Laboratory



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APPLICATION FOR SHELLFISH DEPURATION LICENSE

CONNECTICUT PROVISIONAL DEPURATION LICENSE NO: _____

APPLICATION DATE: _____

APPLICANT: _____
(Print name to appear on license)

ADDRESS: _____
(Street) (City, State, Zip Code)

TELEPHONE: _____ SOCIAL SECURITY NO: _____
(business-emergency)

Dept of Agric. Use Only

SHELLFISH TO BE DEPURATED SOURCE Satis. ☐ Unsatis. ☐

Distributed to: _____
(Connecticut towns) (Other states)

Address if different from above for records, central or emergency shellfish storage:

I agree to conduct shellfish depuration in conformance with Shellfish Depuration Verification Studies (SDVS) and Standard Operating Procedures (SOP) as found satisfactory by DA/BA and to conform to all DA/BA regulations and policies relating to depuration and to send monthly reports as required to the Department of Agriculture, Bureau of Aquaculture DA/BA).

I agree to process only those described shellfish species taken only from those specified areas designated above and approved for such purposes.

I agree to attache appropriate tags to all lots of shellfish to be processed, to maintain daily records and to sell those shellfish as per license requirements.

I agree to conform to all regulatory, statutory and the National Shellfish Sanitation Program Manuals of Operation and DA/BA policies pertinent to this operation. I understand that any person making a written false statement on this application shall be subject to arrest as provided for in Section 53A-157 of the Connecticut General Statutes.

SIGNED BY: _____ Title: _____ Date: _____
President/Owner if different from above: _____

